

Lifestyle Dental
Office Payment Policy

All emergencies and first appointments are to be paid at the time of the appointment. All fees are to be paid at the time the service(s) are performed. In the case of extended treatment, payment of one-half at the time of the first appointment is expected, and the balance is to be paid by the time treatment is completed.

Methods of payment:

- Cash
- Check
- Insurance
- Care Credit (please ask us for more information)
- Arrange your own credit union or bank financing
- Credit Cards (MasterCard, Visa, Discover, American Express)

Most insurance is accepted by our office, and we will gladly file a secondary insurance for you. When utilizing insurance, the estimated amount of insurance will be calculated, or a predetermination request may be sent to the insurance company. We will only send predetermination requests for primary insurances. The amount the patient pays will also be calculated and this payment is due when treatment begins. If there is any over or under payment regarding insurance, an adjustment will be made. **The patient is responsible for any amount the insurance does not cover.**

Our office understands that some people are unable to pay cash at the time of their treatment. Therefore, we offer a payment arrangement made on a case by case basis. Please discuss your individual circumstances at the time treatment plans are presented with the insurance and financial coordinator prior to treatment being rendered.

We are only able to offer the above terms. If an account balance is not paid in a timely manner, it will be turned over to our collection agency. The patient will be responsible for any billing, finance or collection fees, which may occur. We are most happy to work out any reasonable arrangements with our patients within the credit framework that we have established.

We believe that communication is vital in order to establish a mutual understanding. This is the foundation of a long-term health care relationship, based on trust, honesty, and fairness. If at any time you have questions regarding fees or treatment, please feel free to talk to us about them.

By signing this policy, I understand that I am ultimately responsible for payment for services rendered, including reasonable attorney's fees and cost of collection in the event of default.

Name _____ Date _____

(Patient/Guardian Signature)